Form II- Mental Health Waitlist Notification

Background

This form is submitted to notify HHSC when a local authority initiates a Waiting List for All Services, Level of Care (LOC)-8. This form is used to collect information about local circumstances and challenges that affect indigent capacity. HHSC will use this information to better understand why a waiting list has become necessary and partner with the local authority to address identified issues.

Instructions

1. Form II is required when a Waiting List for All Services (LOC-8) continues for more than 30 days and must be submitted within 45 days of the date the Waiting List for All Services is initiated.
2. Before submitting Form II, verify that the following conditions are met:
    a. the average monthly served meets or exceeds the current service target for the population(s) waiting for services;
    b. the local match requirement has been satisfied; and
    c. no Medicaid clients are waiting for services.
3. One of the issues HHSC will be considering is available funding in relation to indigent clients served. Before responding to these questions, please review your most recent finalized Quarter 4 Report III and the number of indigent clients in service.
4. If a question is not applicable to your situation enter N/A.
5. Once completed, e-mail this form to your Mental Health Contract Manager and to the Performance Contracts Mailbox (Performance.contracts@dshs.state.tx.us).
6. Upon receipt of Form II, your contract manager will contact you to arrange for a review with leadership from HHSC's Office of Behavioral Health and Intellectual and Developmental Disabilities (BH-IDD) and other HHSC staff.
7. HHSC may request additional information prior to the scheduled review.

To: [insert name of MH Contract Manager]

        Performance Contracts Mailbox

Contractor Information	
Date of Submission	
Contractor Name	
Comp Code	
Type of Waiting List (AMH/CMH/Both)	
Designated Waiting List Contact Name	
Waiting List Contact E-mail	
Waiting List Contact Phone	

Funding for Indigent Services

1. Describe any changes in your financial status not reflected in your most recent finalized Quarter 4 Report III.

2. In addition to your Performance Contract Funding and Patient Assistance Program revenue, what other significant sources of funding (e.g., DSRIP) are used to support outpatient services for indigent clients?

Source	Amount	Use

Issues and Challenges

3. Describe any challenges facing your service delivery system that restrict your ability to use funding allocated to the Adult/Child strategies to expand outpatient capacity. These might include staffing challenges, the need to use funds for other services and activities, or other issues.

Issue	Description

4. Describe any additional challenges or circumstances that impact your ability to serve additional indigent clients.

Issue	Description

5. Describe strategies you are currently using to address the issues described above.

Issue	Strategies

6. Identify any information or assistance HHS could provide to support your efforts to address the issues you have identified.